U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

Fer Official Use Only			
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
E OLMS DROD			
1. File Number U - 2323	2. Fiscal Year Covered From:		
	1/1/09 Through: 12/3/108		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name CHRISTOPHER F SCARL	Name ASBESTOS WORKERS LOCAL # 3		
	Labor Organization File Number 03790 9		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 3998 WINTON PACK DR.	Street 1617 E. 30 th St.		
City NORTH OLMSTED, OH	City CLEVELAND		
State OHIO ZIP Code +4 4407	O State 0H10 ZIP Code + 4 491/4		
Position in labor organization. Uice - President			
Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the	ur spouse or minor child directly or indirectly had any of the following interests e exclusions set forth in the instructions):		
Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the	ur spouse or minor child directly or indirectly had any of the following interests e exclusions set forth in the instructions): th, or derived income or other economic benefit of		
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Enter appropriate data below If, during the past fiscal year, you or you (except as specified in the characteristic). Held an interest in, engaged in transactions (including loans) with nonetary value from an employer whose employees your organ. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	ur spouse or minor child directly or indirectly had any of the following interests e exclusions set forth in the instructions): th, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the Letter appropriate data below if, during the past fiscal year, you or you (except as specified in the Letter appropriate data below if, during the past fiscal year, you or you have an interest in, engaged in transactions (including loans) with context your organ Name and address of Employer (including trade name, if any). Name P.O. Box, Bldg., Room No., if any Street	ur spouse or minor child directly or indirectly had any of the following interests e exclusions set forth in the instructions): th, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
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Enter appropriate data below If, during the past fiscal year, you or you (except as specified in the held an interest in, engaged in transactions (including loans) with conetary value from an employer whose employees your organ. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4 15. Signature and verification. The undersigned declares, under pens submitted in this report (including the information contained in any according undersigned's knowledge and belief, true, correct, and complete. (See the content of the content o	ur spouse or minor child directly or Indirectly had any of the following Interests e exclusions set forth in the instructions): th, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the		
Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4 15. Signature and verification. The undersigned declares, under pensisubmitted in this report (including the information contained in any accordance).	ur spouse or minor child directly or Indirectly had any of the following interests e exclusions set forth in the instructions): th, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the		

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File Number U- 2323

B. Held an interest in or derived income or economic benefit with monetal substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor org.	otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	grad recree to see the bear owner.
City State ZIP Code + 4	THE STANDARD OF THE STANDARD O
State ZIF COUE + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	See 3938 William Hick De.
Trade Name, if any:	TO DETEND HOLDEN OF
P.O. Box, Bldg., Room No., if any Street	
	11.b. Approximate dollar value of such dealing.
City State ZIP Code + 4	12.a. Nature of interest held or income received.
	(except as applicable to the excitor (including bound) with, or of feed an interest in, organized in transactions (including bound) with, or of feed one regular from an employee whome some organization regular from an accreas of Englisher from the times along the excitors of any the excitors of the ex
	12.b. Amount.
C. Received from any employer (other than an employer covered to be from any labor relations consultant to an employer any payment of mo	under parts A and B above) oney or other thing of value.
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	A section of the sect
Street	
City	The property of the course agreement and growth from the History of
State ZIP Code + 4	
	14.b. Amount of payment.